

TRANSPORTER'S REPORT
OF MOTOR FUEL DELIVERED

FOR DEPARTMENT USE ONLY

____/____/____

Acct #TaxMoYr

____/92/____/____

Name and Address of Transporter	License Number _____
Contact Person _____	Federal Employer ID Number ____ - ____
Telephone(____) _____	Report Period _____

GENERAL INSTRUCTIONS

WHO MUST FILE	This report must be filed by every person who is issued a motor fuels transporter's license under the provisions of Kentucky Revised Statute 138.320 by the Motor Fuels Tax Section of the Kentucky Revenue Cabinet. The license permits the deliveries of gasoline and special fuels into Kentucky from other states and between points within Kentucky.
WHEN TO FILE	This report is due on or before the 25th day of each month covering all deliveries made during the preceding calendar month.
ASSISTANCE AND INFORMATION	Motor Fuels Tax Section Telephone (502) 564-3853
MAIL REPORT TO	Kentucky Revenue Cabinet Motor Fuels Tax Section P.O. Box 1303, Station 63 Frankfort, KY 40602-1303

COLUMN INSTRUCTIONS

Columns (1) and (2)	Person Hiring the Carrier —Enter the name and FEIN of the company that hired the carrier.
Columns (3) and (4)	Seller —Enter the name and FEIN of the company from whose account the fuel was withdrawn at the terminal.
Column (5)	Mode of Transport —Enter one of the following: J—Truck R—Rail B—Barge PL—Pipeline
Column (6)	Origin —Enter the city and state shown on the delivery document (bill of lading, manifest or other loading document issued by the terminal operator) where the petroleum product was loaded for each delivery. If the product was loaded at a terminal, enter the uniform terminal code assigned to such terminal.
Columns (7), (8), and (9)	Delivered to —Enter the name, address and FEIN of the final delivery point. If delivered to a terminal, enter the terminal code for that terminal.
Column (10)	Date Delivered —Enter the date the petroleum product was delivered to each delivery (MM DD YY).
Column (11)	Document Number —Enter the identifying number from the document issued at the terminal when product is removed over the rack. In the case of pipeline or barge movements, enter the pipeline or barge ticket number.
Columns (12) and (13)	Gallons —Enter the number of gross and net gallons delivered for each delivery.

I hereby certify that this report is to the best of my knowledge and belief, a true, correct and complete report of motor fuel deliveries into Kentucky and between points within Kentucky.

_____ (Print) Name of Authorized Company Representative	_____ Signature of Authorized Company Representative
_____ Date Signed	



DELIVERY SCHEDULE

Transporter Name	License Number	FEIN	Terminal Code	Report Period (MM YY)

Product Type *(Circle One)*

65 Gasoline

124 Gasohol

125 Aviation Gasoline

142 Kerosene

160 Diesel Fuel-undyed

224 Compressed Natural Gas

228 Diesel Fuel-dye added

[illegible]